

**FSA-237**

(02-07-01)

**U.S. DEPARTMENT OF AGRICULTURE**

Farm Service Agency

1. Name and Address of Office Where Original  
FSA-237 is Maintained**FACSIMILE SIGNATURE AUTHORIZATION AND VERIFICATION**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the program authority for which the fax signature is submitted. This form is used to authorize USDA to accept certain forms by telefacsimile. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in USDA inability to accept telefacsimile information submitted by the individuals. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0203 with an expiration date of February 29, 2004. The time required to complete this information collection is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR USDA SERVICE CENTER.**

## 2. Individual's Name

(As Used for FSA Signature Purposes)

Please Print

ID No. \_\_\_\_\_

Signature

Date (MM-DD-YYYY)

I hereby authorize USDA to accept information with respect to the above-mentioned individual by telefacsimile. I understand that the signature and other acknowledgments on information provided by telefacsimile will be deemed to be authentic originals by USDA and that all information contained therein will be treated in the same manner as if submitted in person at a USDA Service Center.

USDA will undertake reasonable steps to ensure that its telefacsimile machines are operational and will handle the documents in an appropriate manner once received. However, I understand and accept full responsibility for the successful transmission and receipt of information provided to the USDA Service Center through telefacsimile transmission and understand that USDA is not responsible for any transmission failures or any other problems that prevent successful or timely receipt of the information that I provide through the telefacsimile alternative. I understand that in the event there is an error, malfunction or other problem in the transmission or receipt of the telefacsimile, that the document will not be deemed effective until actually received at the USDA Service Center. I understand that USDA does not guarantee the availability of telefacsimile at all times, and understand that any document received by telefacsimile will be deemed received according to USDA policy, as may be further amended from time to time. All written information that could normally be submitted in person at the local USDA Services Center may be sent by telefacsimile except as determined by USDA and contained in USDA procedure found at the local USDA Service Center.

This facsimile signature authorization and verification is valid in all counties in the United States and shall remain in effect until (1) written notice of its revocation has been duly served upon USDA; (2) the signatory dies; or (3) the authorization is terminated by USDA.

## 3. I, an official of FSA, hereby witnessed the signature of the above-named individual.

Signature

Date (MM-DD-YYYY)

Title

## 4. This form must be acknowledged by a Notary Public unless witnessed by a FSA official.

State of \_\_\_\_\_

County of \_\_\_\_\_

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